

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

36694

DEC 19 1935

1. PLACE OF DEATH

County Mason Registration District No. 5247
Township Mason Primary Registration District No. 3029
City Hannibal (No. Mississippi River)

File No. _____
Registered No. 530
St. _____ Ward _____

2. FULL NAME

John Boyd Simon
(a) Residence, No. 712 N. Station St., _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Data deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo

13. NAME Frank Simon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Co. Mo.

15. MAIDEN NAME Habit Randall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo.

17. INFORMANT (ADDRESS) Frank Simon
Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Robinsons Gym DATE Nov. 22 1935

19. UNDERTAKER (ADDRESS) W. H. Chumley
Hannibal Mo.

20. FILED Nov 25 1935 R. H. Daniels Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20th 1935
Found dead

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

accidental drowning or homicide
blow on forehead
18

Other contributory causes of importance: _____

Missing two weeks found in Mississippi River
366

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ? Date of injury ?, 19____

Where did injury occur? Hannibal, Mason Co. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury ?

Nature of injury Blow on forehead - found dead

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) C. E. Schuyler M. D.

(Address) Hannibal, Mo.

Corner, Mason Co., Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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